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PTO/SB/21 (08-03)

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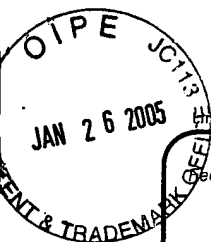
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/803,783	
	<b>Filing Date</b>	March 18, 2004	
	<b>First Named Inventor</b>	Deepraj S. Puar	
	<b>Group Art Unit</b>	2824	
	<b>Examiner Name</b>	Hien N. Nguyen	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	NEOMP002C2D1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <input checked="" type="checkbox"/> <b>Fee Attached</b>  <input checked="" type="checkbox"/> <b>Amendment / Reply (14 pages)</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> <b>Supplemental Information Disclosure Statement</b>  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> <b>Terminal Disclaimer</b>  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> <b>Return Postcard</b>  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>PTO/SB/08A</b> <b>Copies of 8 cited references</b>
<b>Remarks</b>		<b>The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.</b>
In response to the Office Action mailed October 21, 2004, please make the enclosed of record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm and Individual name</b>	RITTER, LANG & KAPLAN LLP Gary T. Aka Reg. No. 29,038
<b>Signature</b>	
<b>Date</b>	January 21, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being filed by facsimile transmission with the U.S. Patent and Trademark Office, telephone number (703) 273-1879, Attn: Examiner Hien N. Nguyen, on July 26, 2004, on the date shown:			
January 21, 2005			
<b>Typed or printed name</b>	Diane Elzingre		
<b>Signature</b>		<b>Date</b>	January 21, 2005

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/803,783
		Filing Date	March 18, 2004
		First Named Inventor	Deepraj S. Puar
		Examiner Name	Hien N. Nguyen
		Art Unit	2824
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	NEOMP002C2D1
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>		<b>310</b>	

**METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1652 Deposit Account Name: Ritter, Lang & Kaplan LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ .
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	200	=			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Terminal Disclaimer, Supplemental Information Disclosure Statement	\$ 310 .

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,038
Name (Print/Type)	Gary T. Aka	Telephone	408-446-8690
		Date	January 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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